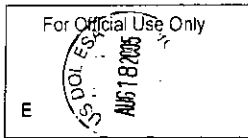


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10058	2. Fiscal Year Covered From 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name JAMES E. MORBA P.O. Box, Bldg., Room No., if any Street 2437 N. LONG AVE City CHICAGO State ILLINOIS ZIP Code + 4 60639	4. Name, file number, and address of labor organization. Name MINT DRIVERS + DEPARTS PENSION FUND Labor Organization File Number 021374 P.O. Box, Building and Room Number, if any SUITE # 114 Street 188 INDUSTRIAL DRIVE City ELM HURST State ILLINOIS ZIP Code + 4 60126
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/12/05 Date	1-773-620-6541 Telephone Number

Name of Person Filing JAMES E. KORRA	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name MIAMI DRIVERS + DEALER PENSION FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE #114</p> <p>Street 188 INDUSTRIAL DRIVE</p> <p>City ELMHURST</p> <p>State ILLINOIS ZIP Code + 4 60126</p>	<p>14.a. Nature of payment.</p> <p>REIMBURSEMENT FOR LOST WAGES FOR ATTENDANCE AT PENSION BOARD MEETINGS.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p> <p>\$1060.00</p>

Name of Person Filing JAMES E. KOSBA		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name M Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing.
		11.b. Approximate dollar value of such dealing.
		12.a. Nature of interest held or income received.
		12.b. Amount.

Name of Person Filing

JAMES E. KORDA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MARCO CONSULTING GROUP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 550 W. WASHINGTON AVE

City CHICAGO

State ILLINOIS ZIP Code + 4 60661-2501

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MINK DRIVERS & DEALERS PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 114

Street 188 INDUSTRIAL DRIVE

City ELMHURST

State ILLINOIS ZIP Code + 4 60126

11.a. Nature of such dealing.

GOLF OUTING

11.b. Approximate dollar value of such dealing.

\$100.00

12.a. Nature of interest held or income received.

CONSULTANT.

12.b. Amount.

\$30,000.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant?

?

14.b. Amount of payment.